



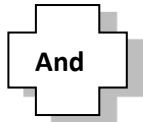
## Federal *Pro Se* Clinic

CENTRAL DISTRICT OF CALIFORNIA: WESTERN DIVISION

### ■ Serving an Officer or Employee of the United States (Official Capacity) ■

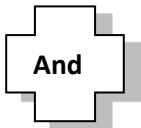
If you are a plaintiff and you have filed a Complaint, you must arrange for delivery of a copy of the Summons and Complaint to each defendant in your case. This is called “service of process.” However, a plaintiff cannot serve the Summons and Complaint. The person who serves the Summons and Complaint (the “server”) must be **at least 18 years old** and **not a party to the lawsuit**. To serve a defendant who is an officer or employee of the U.S. Government in his or her official capacity in a lawsuit filed in the U.S. District for the Central District of California, your **server** must do **each** of the following:

1. **Mail a copy of the Summons and Complaint to the U.S. Attorney for the Central District of California.** Your server must send a copy of the Summons and Complaint by certified mail, return receipt requested to the following address:



**Civil-Process Clerk**  
**U.S. Attorney's Office for the Central District of California**  
 Federal Building  
 300 North Los Angeles Street, Suite 7516  
 Los Angeles, CA 90012

2. **Mail a copy of the Summons and Complaint to the Attorney General of the United States in Washington, D.C.** Your server must send a copy of the Summons and Complaint by certified mail, return receipt requested to the following address:



**Attorney General of the United States**  
**U.S. Department of Justice**  
 950 Pennsylvania Avenue, NW  
 Washington, D.C. 20530-0001

3. **Mail a copy of the Summons and Complaint to the officer or employee.** Your server must send a copy of the Summons and Complaint to the officer or employee by certified mail, return receipt requested.

*Because serving the Summons and Complaint can be complicated, please read Rule 4 of the Federal Rules of Civil Procedure and consider consulting an attorney.*

#### DON'T FORGET!

*You must file a **proof of service form** signed by the server (see attached form) so the court knows that you served the right defendant.*

## Sample United States Postal Service Forms

### Certified Mail Receipt

You may purchase this service to receive proof of the date of mailing and a unique number to track the status of delivery online. For an additional fee, you can request a copy of the recipient's signature that is obtained at the time of delivery.

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

### Domestic Return Receipt (Front and Back)

You may purchase this service before mailing the summons and complaint. You will receive the green postcard with the recipient's actual signature or approved hand stamp.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X</b></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type
	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
<p>* Sender: Please print your name, address, and ZIP+4 in this box *</p>	

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THE FEDERAL PRO SE CLINIC IS A PROJECT OF PUBLIC COUNSEL, A NON-PROFIT PUBLIC INTEREST LAW FIRM.

\_\_\_\_\_  
(Plaintiff's Full Name)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(Address Line 2)

\_\_\_\_\_  
(Phone Number)

Plaintiff in Pro Per

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

\_\_\_\_\_,

Plaintiff,

vs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_,

Defendant(s).

Case No.: \_\_\_\_\_

**PROOF OF SERVICE ON AN  
OFFICER OR EMPLOYEE OF  
THE UNITED STATES IN HIS OR  
HER OFFICIAL CAPACITY**

I, \_\_\_\_\_, declare as follows:  
(name of server)

1. At the time of service I was at least 18 years of age and **not a party to this lawsuit.**

2. I served copies of the summons, complaint, and certificate and notice of interested parties (hereinafter referred to as "copies").

///

1 3. I served the officer or employee of the United States in the Central District  
2 of California in his or her official capacity by doing each of the following: (you  
3 must complete and check a, b, and c below)

4  
5 a. ☐ **Mail Service on the United States Attorney for the Central**  
6 **District of California** in compliance with the Federal Rules of Civil  
7 Procedure. I mailed copies to the Civil-Process Clerk via certified or  
8 registered mail to:

9 Civil-Process Clerk

10 U.S. Attorney's Office for the Central District of California

11 Federal Building

12 300 North Los Angeles Street, Suite 7516

13 Los Angeles, CA 90012

14 Date: \_\_\_\_\_

15 A copy of the signed return receipt is attached.

16  
17 b. ☐ **Mail Service on the Attorney General of the United States** in  
18 compliance with the Federal Rules of Civil Procedure. I mailed  
19 copies to the Attorney General via certified or registered mail to:

20 Attorney General of the United States

21 U.S. Department of Justice

22 950 Pennsylvania Avenue, NW

23 Washington, D.C. 20530-0001

24 Date: \_\_\_\_\_

25 A copy of the signed return receipt is attached.

26  
27 ///

28 ///

1 c. ☐ **Mail service on the officer or employee** in compliance with the  
2 Federal Rules of Civil Procedure. I mailed copies via certified or  
3 registered mail to:

4 Name: \_\_\_\_\_ (Officer or Employee)

5 Address: \_\_\_\_\_ (street)

6 \_\_\_\_\_ (city, state, zip code)

7 Date: \_\_\_\_\_

8 A copy of the signed return receipt is attached.

9  
10 4. My name, address, and telephone number are:

11 \_\_\_\_\_ (Full Name)

12 \_\_\_\_\_ (Address Line 1)

13 \_\_\_\_\_ (Address Line 2)

14 \_\_\_\_\_ (Phone Number)

15  
16 5. I am not a registered California process server.

17  
18 I declare under penalty of perjury that the foregoing is true and correct.

19  
20 Executed on \_\_\_\_\_ at \_\_\_\_\_.  
21 (date) (place of signing)

22 \_\_\_\_\_ (Signature)

23 \_\_\_\_\_ (Name)